IN-SERVICE MANUAL

Centra® Bed

From Hill-Rom®

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The information in this manual applies to all the models of the Centra bed except where indicated.

Hill-Rom recommends the use of its sleep surface and mattress products as part of a comprehensive patient care plan included in the Pressure Ulcer Prevention and Treatment Guidelines established by the Agency For Healthcare Policy and Research.

An In-Service videotape is available. Contact your Hill-Rom representative or call 1-800-445-3720.

FOR SPECIAL ASSISTANCE:

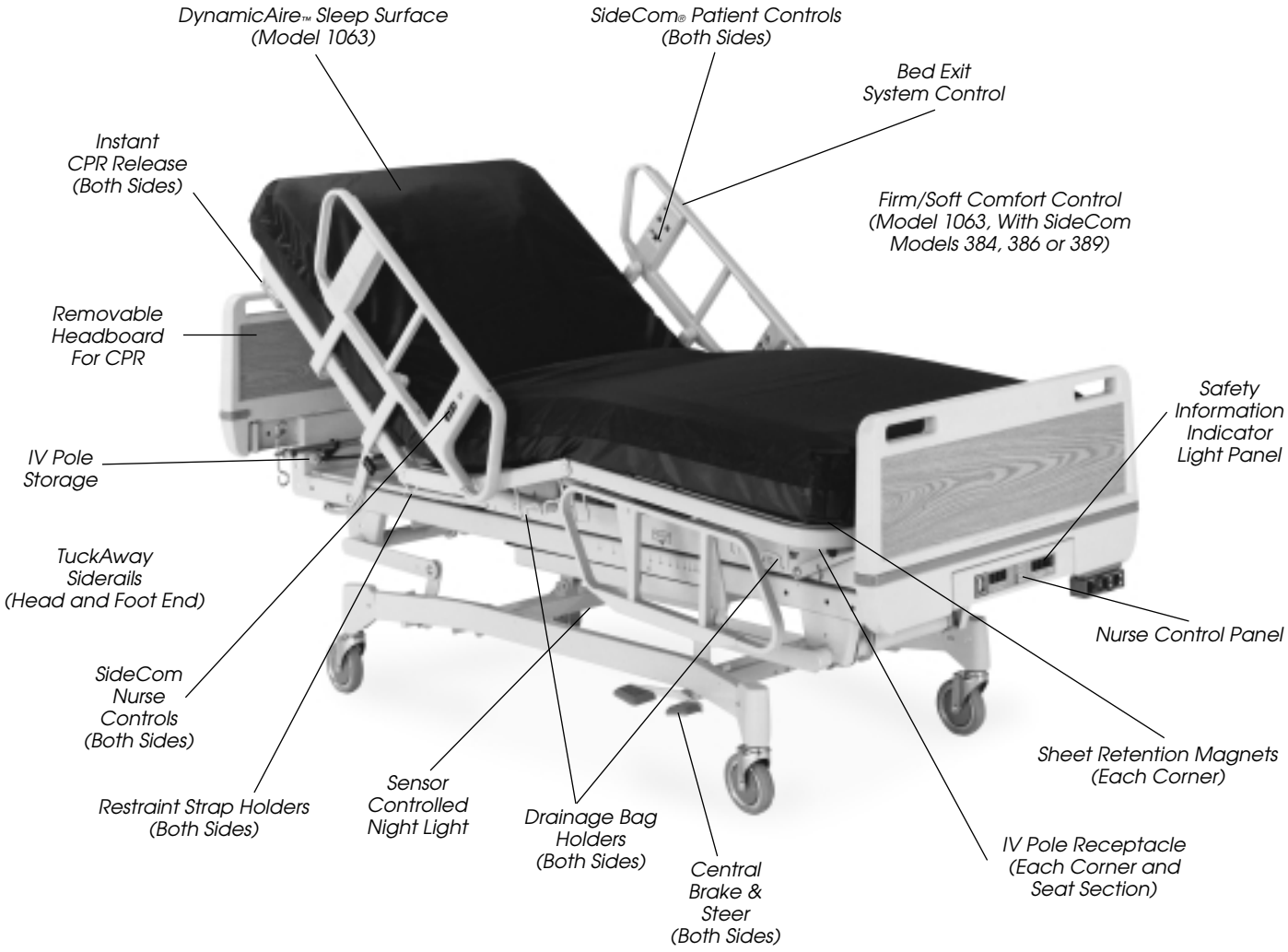
Hill-Rom Account Manager _____ Phone _____

Clinical Consultant _____ Phone _____

Field Service Technician _____ Phone _____

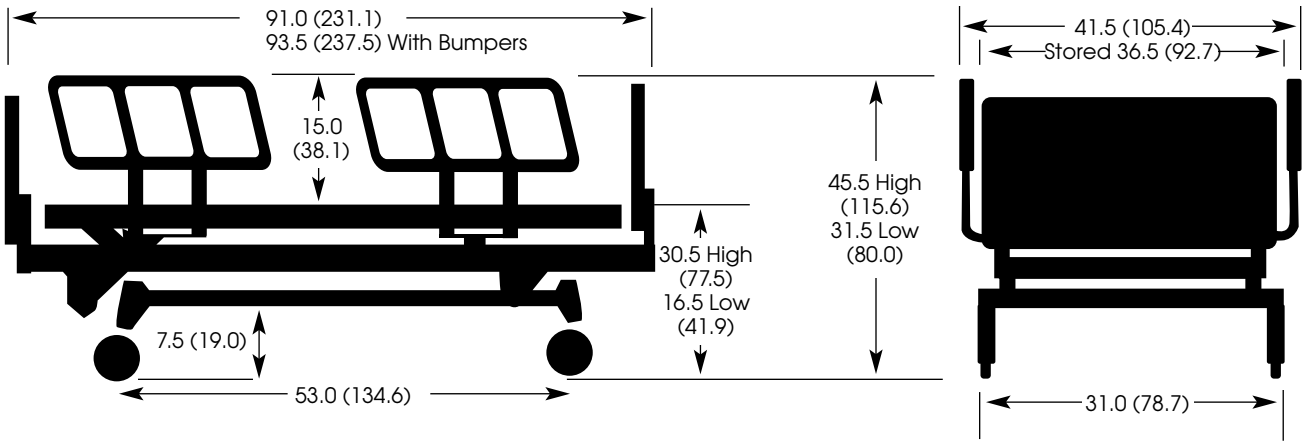
Customer Service Representative _____ Phone _____

FEATURES


DynamicAire™ Sleep Surface (Model 1063)
SideCom® Patient Controls (Both Sides)
Bed Exit System Control
Instant CPR Release (Both Sides)
Firm/Soft Comfort Control (Model 1063, With SideCom Models 384, 386 or 389)
Removable Headboard For CPR
Safety Information Indicator Light Panel
IV Pole Storage
TuckAway Siderails (Head and Foot End)
Nurse Control Panel
SideCom Nurse Controls (Both Sides)
Sheet Retention Magnets (Each Corner)
Restraint Strap Holders (Both Sides)
Sensor Controlled Night Light
Drainage Bag Holders (Both Sides)
IV Pole Receptacle (Each Corner and Seat Section)
Central Brake & Steer (Both Sides)

DIMENSIONS

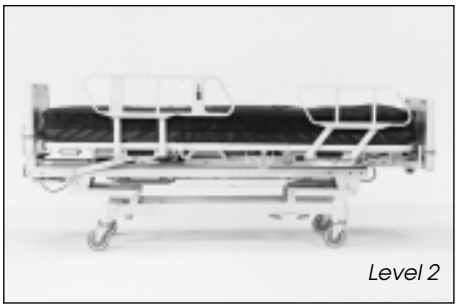
Measurements: Inches (centimeters)

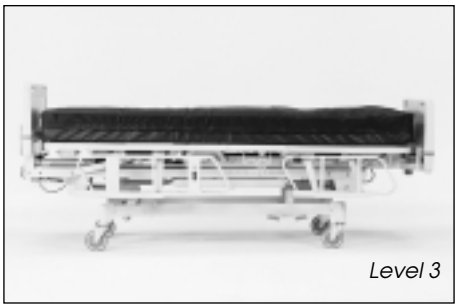


STANDARD FEATURES

SIDERAILS

Level 1


Level 2


Level 3

To raise or lower the Siderails, press the push button next to the Siderail and swing the Siderail away from the center of the bed and into the desired position. You will hear a "click" when the Siderail is securely in place. The foot-end Siderails can be adjusted to three different levels. The head-end Siderails can be adjusted to two different levels.

Level 1: This position, both Siderails fully upright, can discourage the alert and oriented patient from leaving the bed in most situations.

Level 2: This position, with foot-end Siderails lowered to the middle position, allows the patient to egress from the bed while still providing reasonable protection.

Level 3: This position places the Siderails beneath the mattress deck. To store the Siderails, lower each Siderail completely and push in toward the frame.

NOTE For patient transfer, place Siderails in the lowest position and push toward the frame. Also ensure the Brake Pedal is depressed and the bed is stable. Always tug on the Siderails, after changing positions, to ensure that they are securely locked in place.

INSTANT CPR RELEASE

To activate the Instant CPR Release, press either red button on the side of the handle and simultaneously pull the handle then release. The head section will instantly lower to the "down" position without having to be held. This feature allows emergency procedures to be performed without unnecessary loss of time.

NOTE The Instant CPR Release should not be used to raise the head section of the bed...use the HEAD UP control on the Siderail.

CHAIR POSITION

The Centra bed can be placed into a Chair Position. Press the Reverse Trendelenburg IN button located in the Nurse Control Panel until the bed is at the desired angle. Then press the Head UP button located in the Siderail (be sure Auto Contour is active) until the desired angle of head elevation is achieved. If needed, the knee section can be raised or lowered further by pressing the Knee UP button in the Siderail until the desired angle of knee elevation is achieved. To take the bed out of the Chair Position, press the Reverse Trendelenburg OUT button located in the Nurse Control Panel.

HEADBOARD REMOVAL

The headboard is removed by grasping the hand holds and lifting up. To replace the headboard, lower the board onto the posts.

The headboard can be removed to gain increased access to the patient's head and can be used as a backboard during CPR procedures.

FOOTBOARD REMOVAL

The footboard is removed by grasping the hand holds and lifting up. To replace the footboard, align the locator marks with the mounting posts and lower the board onto the posts.

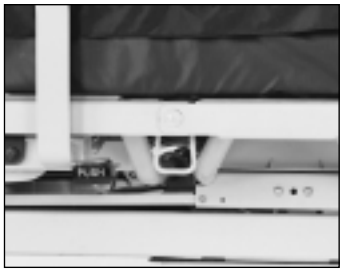
NOTE The footboard should only be removed during maintenance of the bed.

STANDARD FEATURES

NIGHT LIGHT

The Night Light will come on as the existing light in the patient room dims, and will automatically go off when the room becomes light again. To turn the light off manually, there is a switch located under the mattress deck at the mid-section of the bed frame. Also located here is a Sensor Control which adjusts the level of light required to turn on the Night Light.

RESTRAINT STRAP HOLDERS



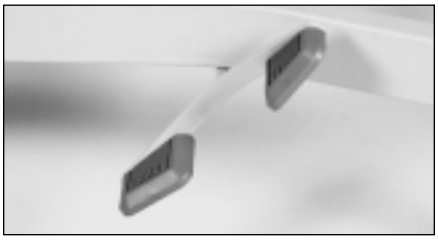
Restraint Strap Holders on both sides under the mattress deck allow for the use of patient restraints when necessary. They are recessed under the frame to prevent access by the patient.

DRAINAGE BAG HOLDERS

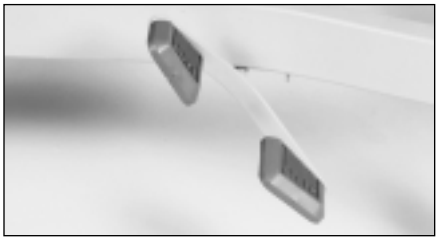
Drainage Bag Holders on both sides under the mattress deck at the seat and foot sections, accomodate different types of disposable drainage kits. They are recessed under the frame to permit normal Siderail operation.

CENTRAL BRAKE AND STEER

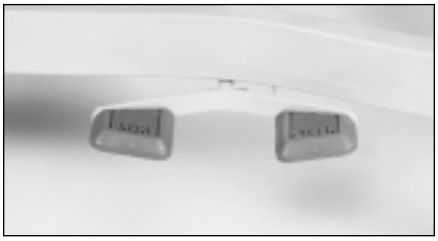
Use the Brake and Steer Pedals as directed in the following situations:



1. Docking Position: When the bed is in place in the patient room, press the Brake Pedal.



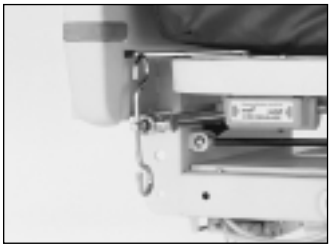
2. Transport: For moving the bed down a corridor, depress the Steer Pedal and push from the headboard.



3. Moving Bed: When moving the bed in tight areas or in a patient room, place the Brake and Steer Pedal in neutral.

NOTE When brake is not set, a yellow light will flash on the Indicator Light Panel at the foot end of the bed.

IV ROD



The IV Rod storage area is at the head end of the bed, between the headboard and the mattress deck. Six IV Rod receptacles are provided, one on each corner of the bed and one on each side on the bed frame at the seat section.

HEAD ELEVATION INDICATOR

The Head Elevation Gauges, located on the bed frame on either side of the bed beneath the mattress, indicate the degree of head elevation. The degree to which the arrow is pointing is the correct elevation.

AUTO CONTOUR

The knee section simultaneously breaks to approximately 15° when the head section is elevated. This helps prevent the patient from gravitating to the end of the bed. To adjust the knee below or beyond Auto Contour level, use independent knee control. To deactivate Auto Contour and all electrical knee adjustments, lock out knee control at the Nurse Control Panel.

STANDARD FEATURES

NURSE CALL ACTIVATION
There are three situations in which a nurse call could be activated:

1. Patient call.

2. Patient leaves bed when Bed Exit System is engaged.

3. Communication Cable is unattached.

NOTE Patient-controlled calls can be turned off at the nurse's station while the other signals are turned off at the bed. The specific message or call will differ by the type of Nurse Call system.

MANUAL POSITIONS WITHOUT POWER

KNEE GATCH

Use the Knee Gatch position for patient leg elevation. Use a Siderail control to raise the knee section, then move the knee gatch cross bar towards the head of the bed to the desired Gatch position.

HEAD SECTION

- Unplug main power cord.
- Extend and insert the IV pole through the access hole for the head screw assembly at the head end of the bed.
- Turn the IV pole clockwise to raise/counterclockwise to lower the head section.

HI-LO

- To manually change the Hi-Lo position, both the Head and Foot Hi-Lo drive must be raised or lowered.
- Unplug main power cord.
- Extend and insert the IV pole through the access hole for the Hi-Lo head screw assembly at the head end of the bed (the left hole).
- Turn the IV pole counterclockwise to raise/clockwise to lower the head section.
- Extend and insert another IV pole through the access hole for the Hi-Lo foot screw assembly at the foot of the bed.
- Turn the IV pole counterclockwise to raise/clockwise to lower the foot section.

PATIENT CONTROLS

HEAD UP/HEAD DOWN
When using the Head Up and Down Controls, press the top button to raise the head section and the bottom button to lower the head section until patient reaches the desired position.

KNEE UP/KNEE DOWN
When using the Knee Up and Down Controls, press the top button to raise the knee section and the bottom button to lower the knee section to the desired position.

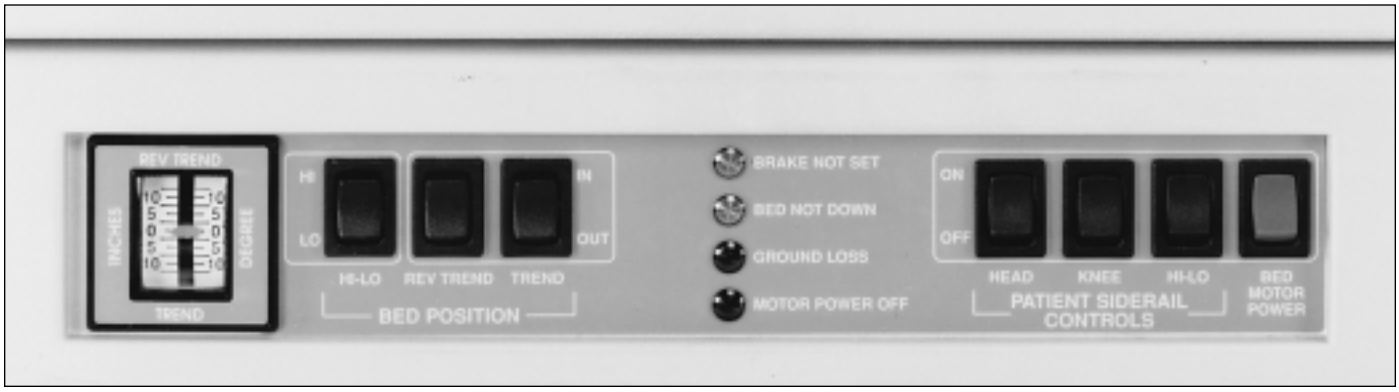
NURSE CALL
To place a nurse call simply depress the NURSE CALL Button. A yellow light will illuminate to indicate that a call has been sent.

LIGHTING
To activate indirect room light, press the up arrow button in the Siderail. To activate the exam or reading light, press the down arrow button in the Siderail.

ENTERTAINMENT CONTROLS
To activate the TV, press the TV button in the Siderail. This will turn the TV on. Press the TV button to change channels. To turn off the TV, press the TV button until the TV turns off. To activate the radio, press the "musical note" button in the Siderail. This will turn the radio on. Press the "note" button to change channels. To turn off the radio, press the "note" button until the radio turns off.

STANDARD FEATURES

NURSE CONTROL PANEL



BED MOTOR POWER
Power to the motors, which control the bed positions, can be turned on or off using this switch. The red MOTOR POWER OFF LED on the Nurse Control Panel will be lit when the bed motor power is turned off.

PATIENT SIDERAIL CONTROL LOCKOUTS
Turn the appropriate switch to the ON position when the patient control in the Siderails is to be operable. Turn the appropriate switch to the OFF position when the patient control in the Siderails should not be operable. This is available for Head, Knee, and Hi-Lo.

NOTE The HI-LO switch located in the BED POSITION section of the Nurse Control Panel will still be active even if the HI-LO button in the Siderail is locked out.

HI-LO
The Hi-Lo controls are located on the outside of both head Siderails on the bed and in the BED POSITION section of the Nurse Control Panel. In the Siderails, press the "up" arrow to raise the bed and the "down" arrow to lower the bed. In the Nurse Control Panel, press the HI-LO switch to the HI position to raise the bed and to the LO position to lower the bed. When the bed is not in the low position, the amber BED NOT DOWN LED in the Nurse Control Panel will be lit.

TRENDELENBURG/REVERSE TRENDELENBURG
To place the bed into Trendelenburg, press the TREND switch to the IN position. Refer to the Trendelenburg gauge in the Nurse Control Panel for the angle of Trendelenburg in inches and degrees. To take the bed out of Trendelenburg, press the TREND switch to the OUT position until the Trendelenburg gauge indicates zero degrees, which means that the bed is in the flat position.

To place the bed into Reverse Trendelenburg, press the REVERSE TREND switch to the IN position. Refer to the Reverse Trendelenburg gauge in the Nurse Control Panel for the angle of Reverse Trendelenburg in inches and degrees. To take the bed out of Reverse Trendelenburg, press the REVERSE TREND switch to the OUT position until the Reverse Trendelenburg gauge indicates zero degrees, which means that the bed is in the flat position.

SIDERAIL NURSE CONTROLS – ALL MODELS

NURSE CALL
Press the Nurse Call button to request assistance at bedside.

HI-LO
Press top arrow to raise bed and bottom arrow to lower bed. Allows you to raise/lower bed from bedside without having to go to foot section of bed to use Hi-Lo button in footboard. The Hi-Lo controls can be locked out at the Nurse Control Panel.

OPTIONAL UPGRADEABLE FEATURES

DYNAMICAIRE SLEEP SURFACE

The DynamicAire Sleep Surface has two patient care modes, Prevention and Comfort. The choice of mode is best determined through an assessment of the patient as to their risk of pressure ulceration.

For patients assessed not to be at-risk, the Surface can be placed in the Comfort Mode. This gives the patient and caregiver control of the firmness/softness of the Surface. This is accomplished by pressing the COMFORT control in the DynamicAire control panel. The firmness/softness of the Surface is then controlled by the patient through the mattress controls located on each head-end Siderail. Similarly, the firmness/softness can be controlled by caregivers through the FIRM and SOFT switch located in the DynamicAire control panel.

For patients assessed to be at-risk of pressure ulceration, the Surface should be placed in the Prevention Mode. This is accomplished by activating the PREVENTION switch located on the footboard control panel. In the Prevention Mode the amount of air within the dual air-bladder system of the Surface is controlled by the Surface itself to reduce interface pressure across the patient's body, especially the bony prominences. The Surface adjusts in response to changes in patient and bed positions.

When the DynamicAire Sleep Surface is placed in the Prevention Mode, the green Indicator Light turns on, reminding caregivers that the Surface is in the proper mode for the at-risk patient. When in the Prevention Mode, the patient and caregivers no longer have control of the firmness/softness of the Surface.

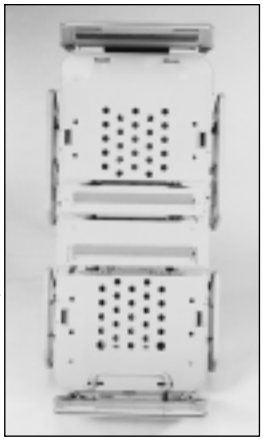
NOTE Mattress overlays are not required on the DynamicAire Sleep Surface and therefore should not be used on top of the Surface.

NOTE See page 8 for Surface cleaning instructions.

DYNAMICAIRE SLEEP SURFACE PATIENT CONTROLS

For bed models with lighting controls (383 and 385 SideCom) the firm/soft controls are housed in a pendant. For bed models without lighting controls (384, 386, and 389 SideCom) the firm/soft controls are housed in the Siderail. If the sleep surface is in Comfort mode, the patient can regulate the firmness/softness of the mattress.

BED EXIT SYSTEM



Two special sensor strips run horizontally between the mattress deck and the mattress. When a patient's weight is removed from the mattress, the sensors send a time-delayed electronic signal to the nurse's station if the bed is equipped with the SideCom system. The signal can vary to delay at 2, 4 or 6 seconds. If desired, the system can be set up so that a signal will sound in the patient's room to indicate that the patient left the bed.

On/off, message time interval and audible bedside alarm controls are located on the outside of the SideCom unit behind a sliding panel in the left head Siderail. This system should be used in conjunction with your regular safety procedures.

NOTE The Bed Exit system is intended as a reminder, not a restraint device.

SIDECOM

The SideCom system is a modular communications package built into the Siderails within constant reach of the patient. The basic package integrates bed controls and surface controls with the DynamicAire Sleep Surface and ZoneAire Sleep Surface. The modular bed can be upgraded to nurse call, lighting, bed exit, and entertainment.

ENHANCEMATE

The EnhanceMate allows patients who are unable to use Siderail embedded controls to operate bed functions and control the room environment. The patient can operate the bed in one of two ways: voice input or rehabilitation devices such as touchpads or sip and puff. The patient can call the nurse, adjust the head and knee sections of the bed, adjust the air surface, turn room and reading lights on and off, operate the television, and send and receive phone calls.

ACCESSORIES

INFUSION SUPPORT SYSTEM (ISS)

The system consists of a Mount Installation Kit (face or top), Offset Bar, and Transfer Pole. Components may be purchased together or separately.

The Mount is the structural interface between the bed frame and the pole assembly. It consists of an adaptor block, stop plate and bolts, and rotational lock screw. The block may be mounted to the top or face of either side of the headboard base.

To Install Pole Place the offset Pole into the ISS mount. Push the Transfer Pole into the Offset Bar. To secure system, tighten the butterfly screw on the bed and the Offset Bar.

NOTE Insure that the Transfer Pole and Offset Bar are firmly secured to each other before removing them for transfers.

SLIDING PERMANENT IV POLE

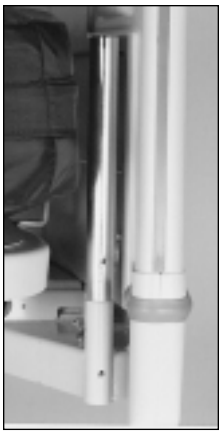
The Sliding Permanent IV Pole is mounted to the frame of the bed at the head section. The sturdy pole features a unique mechanism which allows the pole to be moved along a runner to either side of the bed. The pole itself can be raised or lowered with one hand.

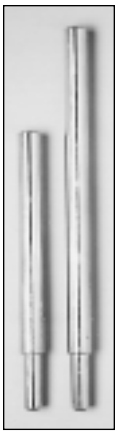
TRAPEZE SUPPORT BRACKET

The Trapeze Support Bracket is mounted at the head end of the bed frame and will accommodate the installation of trapeze equipment. The assembly is mounted with the provided hex head screws and lock-nuts. Holes are provided on the bracket for bolt-on or clamp-on type trapeze units.

FRACTURE FRAME ADAPTORS

The bed will accommodate most fracture frame equipment. For fracture frame equipment with ½" diameter support poles, the Hill-Rom adaptors can be used to allow the frame to interface with the bed. The adaptors are placed in the IV sockets located at all four corners of the bed. The frame posts are inserted in each adaptor. Fracture frame equipment with ¾" diameter support poles may be inserted into the IV sockets. An adaptor may be needed if additional frame post height is required.





NOTE To determine whether adaptors are required, please check with your Hill-Rom representative.

SIDERAIL PADS

Siderail pads provide a soft cover for the rails while maintaining access to patient nurse controls.

BED EXTENDER

The Bed Extender is mounted on the foot end of the bed to provide additional length for taller patients.

PATIENT PHONE

The patient phone can be mounted to either head-end Siderail for ease of access by the patient. The phone will also rest on the bedside cabinet or overbed table for use by patient's visitors.

DYNAMICAIRE SLEEP SURFACE CLEANING INSTRUCTIONS

REMOVAL

To remove the sleep surface, raise the foot end of the bed frame manually and disconnect all four quick disconnect hoses and detach the strap.

To reconnect, replace mattress onto the frame with the hoses at the foot end of the bed. Insert the hoses and the strap through the bed frame and re-attach the strap and hoses.

NOTE Never remove the mattress from the bed frame without disconnecting the hoses and straps at the foot of the bed.

NOTE Before the bed is cleaned, and especially before touching any electrical components, it should be disconnected from the electrical outlet. Since the bed is electric, the excess use of cleaning fluids should be avoided.

NOTE Care must be taken to secure the foot section to the head section during any of the above procedures to ensure that the foot section does not drop back onto the frame while cleaning.

CLEANING

To clean under the frame, manually lift the foot end frame until it's secure.

To clean directly beneath the sleep surface, lift the mattress from the head end of the bed.

GENERAL CLEANING

General cleaning of the sleep surface mattress cover should be done by wiping down with a sponge or rag that has been dampened in a cleaning solution.

The cleaning solution can be any standard household cleaner. For disinfecting purposes, any phenolic or quaternary type cleaners may be used. Whatever cleaning solution is used, it must be used and diluted according to the manufacturer's instructions.

Clorox® brand bleach can be used for disinfecting purposes, but should not be used in concentrations greater than 1 part bleach to 10 parts water.

Care should be taken to wipe up excess cleaning solutions. Damp areas can take 15 to 30 minutes to dry.

LINENS

Although the bottom sheet can be flat, fitted sheets are recommended. Proper sizing of fitted sheets is important to insure good retention. The best retention will be achieved if the fitted sheet extends 2 inches or more under the corners of the surface.

Magnets are used on the underside of the surface to assist in the retention of additional sheets and blankets. Better retention will be achieved if the number of layers folded under the magnets is minimized.

CLEANING MEDICAL FLUID SPILLS

Fluid spills should be wiped up as soon as possible. Some fluids used in the hospital environment, such as betadine, will leave a permanent stain, but most will not.

Temporary stains can be removed by wiping vigorously with a rag or sponge that is wet with a standard household cleaning solution. Whatever cleaning solution is used, it must be diluted according to the manufacturer's instructions.

CLEANING BLOOD AND EXCRETA

If possible, excesss blood and excreta should be wiped up when wet, since the cleaning process is more difficult when these substances are dry and caked onto the ticking.

Cleaning of blood and excreta from the ticking can be accomplished by wiping vigorously with rag or sponge that is wet with a standard household cleaning solution.

The rag or sponge must be rinsed periodically until, after wiping, the rag or sponge shows no evidence of the substance being cleaned. Rinsing may be required five to ten times for puddled, dried blood.

A final wipe should be done using clean disinfecting solution, and a clean rag or sponge. Allow 30 to 60 minutes for the ticking to dry completely.

Whatever cleaning or disinfecting solution is used, it must be diluted according to the manufacturer's instructions.

DAMAGE REPAIR

Repair of tears or holes in the upper mattress cover section is not recommended due to leak potential of the repair.

Tears or punctures in the air chambers can usually be repaired. A repair kit is available from Hill-Rom's Service Organization. An air chamber can withstand up to 15 typical needle punctures without significantly affecting performance.

SAFETY TIPS

BED POSITIONS
Always leave the bed in the low position when the patient is unattended. This could reduce the possibility of patient falls and the severity of resultant injury.

SIDERAILS/RESTRAINTS/PATIENT MONITORING
The Siderails should always be in a full upright position and latched when a patient is unattended. When raising the Siderails, an audible "click" should indicate that the Siderails are completely raised and locked in place.

Hill-Rom recognizes that certain healthcare situations may indicate the need for specialized Siderail configurations. In response to this need, we offer, upon request, several Siderail accessories.

Siderails are intended to be a reminder, not a patient restraining device. Hill-Rom recommends the appropriate medical personnel determine the level of restraint necessary to ensure a patient will remain safely in bed. Consult the restraint manufacturer's instructions for use to verify the correct application of each restraining device.

Whenever "high profile" patients (typically, the frail, elderly and medicated or confused) are involved, Hill-Rom recommends the following minimum actions:

1. Develop guidelines for all high profile patients that indicate:
   - Which patients may need to be restrained and the appropriate restraint to utilize.
   - The proper method to monitor a patient, whether restrained or not, including time interval, visual check of restraint, etc.
2. Develop training programs for all caregivers concerning the proper use and application of restraints.
3. Maintain the bed at its lowest position whenever a caregiver is not in the room.
4. Clarify the need for restraint devices to families or guardians.

BRAKES
Brakes should always be set when the bed is occupied and in position, especially during patient transfer. Patients often use the bed for support when getting out of bed and could be injured if the bed unexpectedly moves. After setting the brake, push and pull the bed sideways to ensure stability.

FLUIDS
When spills occur on the Siderails or the foot end areas of the bed, immediately:
- Clean the fluid from the bed.
- Check the bed controls (i.e. Head, Knee, Hi-Lo) to see if they are operable.
- Have the maintenance department check the internal electronics.
- Fluids remaining on the electronic controls may cause corrosion, which may cause the electronic components to fail. These component failures may cause the bed to move or operate on its own at a time that may be injurious to the patient or staff.

ELECTRICAL SAFETY
Policies and procedures must be established to train and educate your staff on the risks associated with electric equipment. At any time, it is not prudent or necessary for staff personnel to have their entire body within the confines of the bed. Whenever a bed is being cleaned or serviced it should be unplugged from its power source. If service personnel need to get under the bed, the Hi-Lo portion must be blocked up as an added precaution (refer to Centra Bed Service Manual).

LOCKOUT CONTROLS
Whenever a patient should be restricted from operating the patient controls, activate the appropriate Siderail Lockouts in the Nurse Control Panel at the foot end of the bed. This is especially true for patients in traction since it can prevent a patient or visitor from accidentally activating a control, which would cause the bed to move and possibly result in an injury. The Siderail Lockouts are for the convenience of the staff and the safety of the patient and should be used when necessary.

INSTANT CPR RELEASE
The emergency head release, "Instant CPR Release," is to be used by health care professionals only.

BED EXIT SYSTEM
The Bed Exit System can assist the nurse in monitoring certain patient activities that could lead to patient falls.

PARTS AND ACCESSORIES
Use only Hill-Rom parts and accessories. Do not modify the bed without authorization from Hill-Rom.

MATTRESSES
The use of mattresses other than Hill-Rom's may substantially reduce the effectiveness of the safety features and systems incorporated into Hill-Rom beds.

PREVENTIVE MAINTENANCE
Annual preventive maintenance must be performed to insure all bed features are functioning as originally designed. Particular attention must be addressed on safety features, including but not limited to:
- Siderail latching mechanisms.
- Caster braking systems.
- Electrical cords and components.
- All controls return to OFF or neutral position when released.
- Controls or cabling entanglement of bed mechanisms in Siderails.
- Proper operation of the Siderail Lockout functions.

TROUBLESHOOTING

PROBLEM	SOLUTION
"GROUND LOSS" LIGHT FLASHES	When the GROUND LOSS Light flashes, check all electrical plugs to make sure that they are properly grounded. Flashing may also be caused by incorrect wiring polarity of the wall outlet (ie: the "hot" and neutral wires reversed). **NOTE** It is normal for the light to flash if the bed is connected to an isolated AC power source.
HI-LO CONTROLS NOT FUNCTIONING	If the Hi-Lo Control on the outside of the Siderails is not functioning and it is not locked out at the Nurse Control Panel, depress the Trendelenburg and Reverse Trendelenburg buttons to see if these functions have been completely disengaged.
PATIENT CONTROLS NOT FUNCTIONING	If the Patient Controls are not functioning, ensure the power cord is plugged in and make sure that the controls at the Nurse Control Panel are not locked out. Also, check the SideCom connector, located on the bed frame below the mattress deck, to ensure that it is properly plugged into the mating connector. **NOTE** The FIRM/SOFT Control will also be locked out if the bed is in the Prevention or Pressure Relief mode or if the Sleep Surface Power is turned off at the Nurse Control Panel.

ACCESSORY PRODUCT NUMBERS

SIDERAILS

325CA	Rectangular 1/2-Length Foot end - Taupe
325CB-33	Parallelogram 1/2-Length Foot end - Taupe
325CB-48	Parallelogram 1/2-Length Foot end - Light Neutral
855C3	Parallelogram Siderail Pads (Set of 4)
855C4	Rectangular Siderail Pads (Set of 4)
855C3H	Parallelogram Head end Siderail Pads
855C4H	Rectangular Head end Siderail Pads

INFUSION

2217	IV Rod
2221	Sliding Permanent IV Pole
155-03	Infusion Support System - Top Mount
155-11	Infusion Support System - Face Mount

PENDANT/CABLE ADAPTOR

721C-2	3-Motor, 6-Button (Head, Knee & Sleep Surface)
721C-3	4-Motor, 6-Button (Head, Knee & Sleep Surface)
729	DynamicAire Sleep Surface Firm/Soft Pendant
8494	Jumper Cable Adaptor

BUMPERS

284B-33	3-Motor - Taupe
284C-33	4-Motor - Taupe
284C-48	4-Motor - Light Neutral
818C01-33	3-Motor Face Mount - Taupe
818C02-33	3-Motor Bottom Mount - Taupe
818C03-48	4-Motor Face Mount - Light Neutral
818C04-48	4-Motor Bottom Mount - Light Neutral

COMMUNICATION

383	SideCom-Nurse Call, Lighting, Entertainment
384	SideCom-Nurse Call, Entertainment, Bed Exit System
385	SideCom-Nurse Call, Lighting, Entertainment, Bed Exit System
386	SideCom-Nurse Call, Bed Exit System
389	SideCom Upgrade System
495	Patient Phone
5020A01	EnhanceMate Voice-Activated Control System - 3-Motor Bed
5020A02	EnhanceMate Voice-Activated Control System - 4-Motor Bed

OTHER

844A-33	Trapeze Support Bracket - Taupe
844A-48	Trapeze Support Bracket - Light Neutral
847B	Fracture Frame Adaptor - 3/4" Pin - All 9" Length (adds 2-3" incremental height to traction post)
847C	Fracture Frame Adaptor - 1/2" Pin - All 9" Length (adds 2-3" incremental height to traction post)
848B	3-Motor Rehab Control
9913A	3-Motor Bed Extender
9933	4-Motor Bed Extender

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